

**PATENT APPLICATION DETERMINATION RECORD**  
Effective October 1, 2000

Application or District Number

15292:3

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 17 minus 20 = |              |
| INDEPENDENT CLAIMS  | 3 minus 3 =   |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

|   |                                  |    |                                    |               |
|---|----------------------------------|----|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|   | Total                            | 10 | minus 20                           |               |
|   | Independent                      | 3  | minus 3                            |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |    |                                    |               |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

|           |     |    |           |      |
|-----------|-----|----|-----------|------|
| RATE      | FEE | OR | RATE      | FEE  |
| BASIC FEE |     |    | BASIC FEE | 1500 |
| X\$ 9=    |     |    | X\$18=    |      |
| X40=      |     |    | X80=      |      |
| +135=     |     |    | +270=     |      |
| TOTAL     |     |    | TOTAL     |      |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |    | X\$18=           |                |
| X40=             |                |    | X80=             |                |
| +135=            |                |    | +270=            |                |
| TOTAL ADDIT. FEE |                |    | TOTAL ADDIT. FEE |                |

(Column 1) (Column 2) (Column 3)

|   |                                  |    |                                    |               |
|---|----------------------------------|----|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|   | Total                            | 10 | minus 20                           |               |
|   | Independent                      | 2  | minus 3                            |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |    |                                    |               |

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |    | X\$18=           |                |
| X40=             |                |    | X80=             |                |
| +135=            |                |    | +270=            |                |
| TOTAL ADDIT. FEE |                |    | TOTAL ADDIT. FEE |                |

(Column 1) (Column 2) (Column 3)

|   |                                  |  |                                    |               |
|---|----------------------------------|--|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|   | Total                            |  |                                    |               |
|   | Independent                      |  |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |  |                                    |               |

|                  |                |    |                  |                |
|------------------|----------------|----|------------------|----------------|
| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
| X\$ 9=           |                |    | X\$18=           |                |
| X40=             |                |    | X80=             |                |
| +135=            |                |    | +270=            |                |
| TOTAL ADDIT. FEE |                |    | TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

09/17/2008  
528064/b